 **ADULT WELLNESS GATHERNG**

 **REGISTRATION FORM 2024**

**October 21st- 25th Open to Wabun members ages 19-59.**

**Location: Ramada Inn, Timmins ON**

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB:** |  |
| **Status #:** |  |
| **First Nation** **Community:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Allergies:** |  |
| **Sweater Size:** |  |
| **Photo Consent:** | **O YES O NO** |
| **Signature:** |  |

**Check in will be Monday, October 21st at 3pm.**

**Check out will be October 25th after breakfast.**

|  |
| --- |
| **Please send completed registration forms to:** **Tony Miller** **Cultural.Coordinator@wabun.on.ca****Erin Bondarenko** **Healthassist@wabun.on.ca****Fax: 705-268-8554** |

**REGISTRATION DEADLINE: Friday, September 27th, 2024**